

NOMINATION FOR APPOINTMENT TO THE UNITED STATES										<i>Form Approved</i> OMB No. 0701-0026 <i>Expires</i>	
<input type="checkbox"/> MILITARY ACADEMY <input type="checkbox"/> NAVAL ACADEMY <input type="checkbox"/> AIR FORCE ACADEMY											
Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0701-0026), Washington, DC 20503.											
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE APPROPRIATE ADDRESS IN ITEM 12.											
1. NAME OF NOMINEE <i>(Last, First, Middle Initial)</i>						2. DATE OF BIRTH <i>(YYMMDD)</i>			3. SOCIAL SECURITY NUMBER		
4. DOMICILE IN CONSTITUENCY						5. TEMPORARY ADDRESS					
a. STREET <i>(Include apartment number)</i>						a. STREET <i>(Include apartment number)</i>					
b. CITY		c. COUNTY		d. STATE		e. ZIP CODE		b. CITY		c. COUNTY	
d. STATE		e. ZIP CODE		b. CITY		c. COUNTY		d. STATE		e. ZIP CODE	
6. SEX <i>(X one)</i>			7. TELEPHONE NUMBER <i>(Include area code)</i>			8. CONGRESSIONAL DISTRICT AND/OR STATE					
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE											
9. TYPE OF NOMINATION <i>(X as applicable)</i>											
DRAFT											
a. VACANCY				b. TYPE OF NOMINATION							
<input type="checkbox"/> 1st <input type="checkbox"/> 4th <input type="checkbox"/> 2nd <input type="checkbox"/> 5th <input type="checkbox"/> 3rd				<input type="checkbox"/> PRINCIPAL <input type="checkbox"/> COMPETITIVE <input type="checkbox"/> ALTERNATE <i>(1-9)</i> TO <i>(Name of Principal)</i> _____ <input type="checkbox"/> COMPETITIVE ALTERNATE <i>TO (Name of Principal)</i> _____							
c. OTHER CONGRESSIONAL NOMINATIONS				PRES		CODDV		W/D		DATE	
(1)				REG		HMS		MED DISQ		CAREER GOALS	
(2)				V.P.		CMHW		ENV ADJ		HONOR	
(3)				RES		ROTC		OTHER <i>(Specify)</i>		ACADEMICS	
11. NOMINATING AUTHORITY				b. SIGNATURE				c. DATE SIGNED <i>(YYMMDD)</i>			
a. TYPED NAME <i>(Last, First, Middle Initial)</i>											

DD FORM 1870, 950407 DRAFT

PREVIOUS EDITION IS OBSOLETE.

COPY 5 - ACADEMY LIAISON OFFICE

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